FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Ot	her Than An Autho	Office Use Only			
		USE FEC MAILING LABEL OR TYPE OR PRINT ₩				ng, type
American Health Care	Association Po	litical Action Committee				
ADDRESS (number and stree	et) 1201	L Street, NW				
Check if different than previously reported. (ACC)	Was	hington			DC L	20005
2. FEC IDENTIFICATION	NUMBER	▼ CITY	A	;	STATE	ZIPCODE 🛕
C00006080			THIS X	NEW (N) OR	AMEND (A)	ED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: October 15 Quarterly Reports: January 31 Quarterly Report(Non-eyear Only) (Moneyear Only	port(Q1) cort(Q2) cort(Q3) cort(YE) (ear election (Y)	Due On:	Primary (12 Convention on General (3)	n (12C)	Aug 20 (M Sep 20 (M Oct 20 (M General (12G) Special (12G)	Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	0 4	01 2007	through	0 4	30 20	07
Type or Print Name of Treas Signature of Treasurer		ert Van Dyk			and complete.	17 2007
NOTE : Submission of false	, erroneous, or	incomplete information r	nay subject the pe	rson signing thi	s Report to the pena	lties of 2 U.S.C 437g.
Office Use					F	EC FORM 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2007	To: 0 4 3 0 2 0 0 7
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2007 Y		140530.01
(b) Cash on Hand at Begining of Reporting Period	126855.00	
(c) Total Receipts (from Line 19)	46740.61	181493.66
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173595.61	322023.67
Total Disbursements (from Line 31)	62583.32	211011.38
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111012.29	111012.29
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate of	committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

American Health Care Association Political Action Committee

0 1 3^D0 м м 0 4 м м 0 4 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 45041.42 170864.19 (i) Itemized (use Schedule A) 1699.19 10629.47 (ii) Unitemized (iii) TOTAL (add 46740.61 181493.66 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 46740.61 181493.66 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 46740.61 181493.66 12, 13, 14, 15, 16, 17, and 18(c))

46740.61

181493.66

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		The same of the same
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1083.32	2611.38
	Expenditures(c) Total Operating Expenditures	1000.02	2011.30
	(add 21(a)(i), (a)(ii) and (b))	1083.32	2611.38
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		0.00
	and Other Political Committees	61500.00	208400.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 		0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.0
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
۱.	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	62583.32	211011.38
	Total Cadaval Diahumany at t		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	62583.32	211011.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46740.61	181493.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46740.61	181493.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1083.32	2611.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1083.32	2611.38

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action	Committee	
	Full Name (Last, First, Middle Initial) Ms. Debbie Lozano Mailing Address 10003 Woodloch Forest City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Healthmark Group Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Greg Lentz	State TX C Occupation Vice Pres	Zip Code 77380-1920	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 25737938 Amount of Each Receipt this Period 5000.00
	Mr. Greg Lentz Mailing Address 10003 Woodlands Fores City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Healthmark Group Receipt For: Primary General Other (specify)	State TX C Occupation Vice Pres	Zip Code 77380	Date of Receipt M M M / D D Z / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Mr. Brent Barraclough Mailing Address P.O. Box 3849 City Salem FEC ID number of contributing federal political committee. Name of Employer IDL Services, Inc. Receipt For: Primary General Other (specify)	State OR C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 25755326 Amount of Each Receipt this Period 500.00
SI	JBTOTAL of Receipts This Page (optional)		······	10500.00
т	OTAL This Period (last page this line number on	lv)		

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 / 26			
	IIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12				
		Detailed Summary Page		X 11a	11b	11c	12	□ 17
Any info	ormation copied from such Reports and Stat ommercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the pur	pose of sol	citina contr	ibutions	
\ NAI	ME OF COMMITTEE (In Full)							
Am	erican Health Care Association Politic	cal Action (Committee					
	Name (Last, First, Middle Initial) Ken Beebe			Date o	f Receipt			
Mail ——	ing Address 571 Hwy 51 Suite H			0 4	0		2007	
City		State	Zip Code	Transa	ection ID: 2	25762369		
Rid	geland	MS	39157-2564	Amour	nt of Each F	Receipt this	Period	
	CID number of contributing eral political committee.	C					250.0	0
Nan Leg	ne of Employer acy Care	Occupation Owner						
Rec	eipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
	Other (specify)		0 0 0 0 0 0 0	1				
_	Name (Last, First, Middle Initial) Bill Phelan			Date o	f Receipt			
Mail	ing Address 307 Westpark Ave.		M			Y		
City		Zip Code	0 4 0 6 2 Transaction ID: 25762826			2007		
•	City Tallahassee		32301-1457		nt of Each F		Pariod	
	CID number of contributing	FL	Amoun	IL OF LACTI	•	1 1		
fede	eral political committee.	C					1000.0	0
Nan Flor	ne of Employer ida Health Care Assn	Occupation Executive						
Rec	eipt For:		Year-to-Date ▼	_				
	Primary General	7.99.094.0		1				
	Other (specify) ▼		1000.00					
_	Name (Last, First, Middle Initial) Arrison			Date o	f Receipt			
Mail ——	ing Address 4088 N. Lake Forest Dr			0 4	1 / 0 1		2007	
City		State	Zip Code	Transa	ction ID: 2	25768169		
<u>Me</u>	mphis	TN	38128-2412	Amour	nt of Each F	Receipt this	Period	
FEC ID number of contributing federal political committee.		C					1000.0	0
Nan	ne of Employer King's Daughters and	Occupation						
<u>Son</u>	is Home		Iome Administrator	_				
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼	.				
	Other (specify)		1000.00					
SUBT	OTAL of Receipts This Page (optional)					2	250.0	0
	,						-	-

COLIEDIU E A (EEO Eormo OV)]	l F	FOR LINE NUMBER: PAGE 8 / 26			
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Δ,	by information copied from such Reports and Sta	tomonto mov	ract be cold or used by any perce				
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	American Health Care Association Polit	ical Action	Committee				
Α.	Full Name (Last, First, Middle Initial) Ron Arrison			Date of Receipt			
	Mailing Address 4088 N. Lake Forest Dr			0 4			
	City	State	Zip Code	Transaction ID: 25768170			
	Memphis	TN	38128-2412	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer The King's Daughters and Sons Home Receipt For: Primary General		Home Administrator Year-to-Date ▼ 2000.00				
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0					
В.	Mr Brad Stebbins			Date of Receipt			
	Mailing Address 600 E Whaley			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: 25770409			
	Longview	TX	75601-6525	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1250.00			
	Name of Employer Stebbins Five Companies	Occupation Owner	1				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		1250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr Thomas E. Hill			Date of Receipt			
	Mailing Address 2901 Highway 82E			0 4			
	City	State	Zip Code	Transaction ID: 25770411			
	Greenwood	MS	38930	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Golden Age Nursing Home	Occupation Administr					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
s	UBTOTAL of Receipts This Page (optional)			2500.00			
\vdash				-			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Health Care Association Polit	ical Action	Committee	
A. 3.	Full Name (Last, First, Middle Initial) Ms Gail Clarkson Mailing Address 1387 Club Drive City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer The Medilodge Group Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr Howard Lipschutz Mailing Address 1304 Laurel Oak Rd City	State MI C Occupation Vice Pres Aggregate	Zip Code 48302-0823 n sident e Year-to-Date ▼ 1250.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Voorhees FEC ID number of contributing federal political committee. Name of Employer Burnt Tavern Rehabilation HealthCare Receipt For: Primary General Other (specify) ▼	C Occupation Vice Pres		Amount of Each Receipt this Period 125.00
C.	Full Name (Last, First, Middle Initial) Ms Jan Thayer Mailing Address 404 Woodland Dr City Grand Island FEC ID number of contributing federal political committee. Name of Employer Riverside Lodge Receipt For: Primary General Other (specify)		Zip Code 68801-8857 In dministrator e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 25784239 Amount of Each Receipt this Period 1250.00
s	UBTOTAL of Receipts This Page (optional)			2625.00
T	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Health Care Association Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia Giorgio			Date of Receipt
	Mailing Address 3410 12th Ave. SW			04 17 2007
	City Cedar Rapids	State IA	Zip Code 52404-1375	Transaction ID: 25784299 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Evergreen Estates	Occupation Owner		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Mark Ballif			Date of Receipt
	Mailing Address 100 E. San Marcos Ste	. 200		0 4 1 7 2 0 0 7
	City Sep Marcos	State CA	Zip Code	Transaction ID: 25784301
	San Marcos FEC ID number of contributing federal political committee.	C	92069-2987	Amount of Each Receipt this Period 1250.00
	Name of Employer Plum Healthcare Group LLC	Occupation Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
C .	Full Name (Last, First, Middle Initial) Ms Cheryl Rapp Mailing Address 4001 Ponds Court			Date of Receipt
				04 17 2007
	City Pleasanton	State CA	Zip Code 94566-7523	Transaction ID: 25784303
	FEC ID number of contributing federal political committee.	C	94300-7323	Amount of Each Receipt this Period 1250.00
	Name of Employer CARREI	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
	IIRTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 26			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
I LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Health Care Association Poli	tical Action	Committee				
Full Name (Last, First, Middle Initial) A. Mr. Andrew S Weisman			Date of Receipt			
Mailing Address 5310 NW 33rd Avenue	Suite 211		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City	State	Zip Code	Transaction ID: 25859127			
Fort Lauderdale	FL	33309-6376	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1250.00			
Name of Employer NuVision Management	Occupatio Vice Pre		7			
Receipt For:		e Year-to-Date ▼	_			
Primary General	00 0		1			
Other (specify) ▼	0 0	1250.00				
Full Name (Last, First, Middle Initial) 3. Mr. David Hebert			Date of Receipt			
Mailing Address 7605 Ridgecrest Drive			0 4			
City	Zip Code	Transaction ID: 25859133				
Alexandria	VA	22308-1049	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		43.65			
Name of Employer AHCA	Occupatio	n	_			
-	-	ice President of Advocacy				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		285.68				
Full Name (Last, First, Middle Initial)						
Mr David Kyllo			Date of Receipt			
Mailing Address 4621 28th Road South PAYROLL DEDUCTION			04 17 2007			
City	State	Zip Code	Transaction ID: 25859136			
Arlington	VA	22206-1143	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		39.56			
Name of Employer AHCA	Occupation Director.	n Assisted Living	7			
Receipt For:		e Year-to-Date V	_			
Primary General	99. 0941		1			
Other (specify) ▼		316.48				
SUBTOTAL of Receipts This Page (optional)			1333.21			
ago (optional)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 26			
	EMIZED RECEIPTS		or each category of the	(check only one)			
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	American Health Care Association Politic	cal Action	Committee				
Α.	-			Date of Receipt			
	Mailing Address 80 Access Road			04 20 7 2007			
	City	State	Zip Code	Transaction ID: 25859141			
	Norwood	MA	02062-5212	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Rehab Associates	Occupation Owner	n				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	250.00]			
В.	Full Name (Last, First, Middle Initial) John Kennon Shea			Date of Receipt			
	Mailing Address 1810 Gillespie Way, Suit	0 4 2 0 2 0 0 7					
	City	Zip Code	Transaction ID: 25859143				
	El Cajon	CA	92020-0921	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1250.00			
	Name of Employer	Occupation	 n	\dashv			
	Name of Employer Kennon S. Shea and Associates	Presiden					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	1250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Kenneth Preede			Date of Receipt			
	Mailing Address 13525 Virginia Willow Dr	•		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 25859145			
	Fairfax	VA	22033-1224	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			500.00			
	Name of Employer AHCA	Occupation Director (n Government Relations	7			
	Receipt For:		e Year-to-Date ▼	7			
	Primary General		F00.00	1			
	Other (specify) ▼		500.00]			
6	UBTOTAL of Receipts This Page (optional)			2000.00			
∟ٌ	DETOTAL OF HECEIPIS THIS Fage (optional)			-			

SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 26 (check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action	Committee			
Full Name (Last, First, Middle Initial) A. Mr Alfred Santos			Date of Receipt		
Mailing Address 57 Kilvert Street Suite 200			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Warwick	State RI	Zip Code 02886-1009	Transaction ID: 25859147 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	02000 1000	250.00		
Name of Employer Rhode Island Healthcare Assn Receipt For: ☐ Primary ☐ General Other (specify) ▼		e Director e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Mr. Tripp Francis Mailing Address 102 Woodchase Park	k Drive		Date of Receipt		
City		Zip Code	0 4 2 3 2 0 0 7 Transaction ID: 25873452		
Clinton FEC ID number of contributing federal political committee.	C	39056-4113	Amount of Each Receipt this Period 1000.00		
Name of Employer Trinity Mission of Clinton LLC Receipt For: Primary General Other (specify)	Occupatio Administ Aggregate				
Full Name (Last, First, Middle Initial) C. Ms. Vanessa Phipps Henderson			Date of Receipt		
Mailing Address 114 Marketridge Driv	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Ridgeland	State MS	Zip Code 39157-9394	Transaction ID: 25873650 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Mississippi Health Care Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n e Director e Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)			2250.00		

PAGE 14/26 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Ms. Paula Mitchell Date of Receipt Mailing Address 1100 Monroe 0.4 20 2007 City State Zip Code Transaction ID: 25877567 Globe ΑZ 85501-1363 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Copper Mountain Inn Occupation Administrator Aggregate Year-to-Date ▼ Receipt For: General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Kottenbrook Date of Receipt Mailing Address 400 Meadowview Road 0.4 30 2007 City State Zip Code Transaction ID: 25878652 Minden LA 71055-3522 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Minden Healthcare Occupation Administrator Receipt For: Aggregate Year-to-Date V Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Francis P. Kirley Date of Receipt Mailing Address 6937 Warfield Avenue 0.4 2.00.7 30 Citv State Zip Code Transaction ID: 25878654 Sykesville MD 21784 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C federal political committee. Name of Employer Nexion Health, Inc. Occupation President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 15/26
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and St	atomonte may	y not be cold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Health Care Association Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Ms. Marian Kirley			Date of Receipt
	Mailing Address 1430 Progress Way			04 30 2007
	City	State	Zip Code	Transaction ID: 25878655
	Sykesville	MD	21784-6429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Nexion	Occupation Owner	١	
	Receipt For:		Year-to-Date V	
	Primary General	33 -3		7
	Other (specify) ▼		5000.00	
				-
В.	Full Name (Last, First, Middle Initial) Mr Ron Taylor			Date of Receipt
	Mailing Address PO Box 100129			M M / D D / Y Y Y Y
				04 30 2007
	City	State	Zip Code	Transaction ID: 25879891
	Nashville	<u>TN</u>	37224-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	<u> </u>	-
	Name of Employer Tennessee Health Care Assn		ov't Relations	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 1991 09410		7
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			Date of Descipt
U.	Ms. Joyce Humiston-Berger Mailing Address 2781 Osborn Drive			Date of Receipt
	Walling Address 2781 OSDOTT Drive			04 30 2007
	City	State	Zip Code	Transaction ID: 25879905
	Lake Havasu City	AZ	86406-8629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	- Tederal political committee.			
	Name of Employer C&G Management	Occupation Owner	1	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	-	5000.00	1
	Other (specify)		5000.00	J
				44000.00
s	UBTOTAL of Receipts This Page (optional))	11000.00
\vdash				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 26 (check only one)
•••	LIVIIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	American Health Care Association Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Mr Stelling Nelson			Date of Receipt
	Mailing Address 1005 Boulder Dr			04 / 30 / 2007
	City	State	Zip Code	Transaction ID: 25879913
	Gray	GA	31032-6141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Community Health Systems	Occupation VP of Pro	n Dject Management	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. David Hebert			Date of Receipt
	Mailing Address 7605 Ridgecrest Drive			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 25879932
	Alexandria	VA	22308-1049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.65
	Name of Employer AHCA	Occupation Senior Vi	n ice President of Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 329.33	
C.	Full Name (Last, First, Middle Initial) Mr David Kyllo Mailing Address 4621 28th Road South PAYROLL DEDUCTION	ı		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25879937
	Arlington	VA	22206-1143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.56
	Name of Employer AHCA	Occupation Director,	n Assisted Living	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	356.04]
[UBTOTAL of Receipts This Page (optional)			1083.21
	COLOTAL OF HOCOIPIO THIS LAYE (optional)			45041.42

_			٠																	
50	CHEDULE B (FEC	Form 3	X)	Use sepe	erate schedule(s)		_	R LIN		-	R:		P	AGE	17 /	26				
IT	EMIZED DISBURS	SEMENT	rs	for each	category of the	١.	ù	neck or	niy o	,	_	[_	1	_	٦			
				Detailed	Summary Page	I.	Х	21b 27	Н	22	Ш	23	24	_	25 29	\vdash	26			
	. In facility of the second section of the second								Щ	28a	Ш	28b	28c				30b			
	y Information copied from su for commercial purposes, otl															IS				
Λ	NAME OF COMMITTEE (I	n Full)																		
	American Health Care	Association	Political	Action C	ommittee															
	Full Name (Last, First, Midd	dle Initial)								Trans	acti	on ID:	259084	.97						
A.	BB & T											isburse								
										0 ^M 4	М	/ D 3	0 /	Υ ```	o ŏ	7 Y				
	Post	ations Cent Office Box	er 819							0 4		ڼ	U		. 0 0					
	City			tate	Zip Code					Amou	nt o	f Each	Disburse	emer	nt this I	Peri	od			
	Wilson		''	1C	27894-0819									-	70.	00				
	Purpose of Disbursement						001	1			0	-			70.	09				
	Candidate Name	ndidate Name Categor									<i>y/</i>									
						٦	Гур	е												
	Office Sought: Hou		Disbursen																	
	Sen			Primary	General															
		sident		Other (spe	ecity) 🔻															
	State: District																			
В.	Full Name (Last, First, Mide	dle Initial)										-	259085	75						
Ь.	BB & T										_	isburse								
	Mailing Address Opera	ations Cent	or							o ^M 4	М	[′] 3	0 /	2	0 0	7 ^Y				
		Office Box								-		-	ا لـ		-					
	City		S	tate	Zip Code					Amou	nt o	f Each	Disburse	emer	nt this I	Peri	od			
	Wilson		N	1C	27894-0819											-				
	Purpose of Disbursement						001								1013.	23				
	Candidate Name						iteg Type	ory/ e												
	Office Sought: Hou	Disbursen	nent For:																	
	Sen	ate		Primary	General															
		sident		Other (spe	ecify) 🔻															
	State: District	:																		

SUBTOTAL of Disbursements This Page (optional)	•	1083.32
TOTAL This Period (last page this line number only)	•	1083.32

		Use seperate schedule				only o	olvide ne)	n.			PAGE	10/	20
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		ľ	21		22	Х	23	$\prod 2$	4 F	25	<u> </u>
_					27		28a		28b		:8c	29	30
	y Information copied from such Reports and Sta for commercial purposes, other than using the na												S
ļ.	NAME OF COMMITTEE (In Full)	aric and address of arry points	001			0 00110	11 001111	ibat	10110 11	0111 00	011 0011	milloc	
$ \rangle$	American Health Care Association Politi	cal Action Committee											
/	American realth date Association Folia	cal Action Committee											
_	Full Name (Last, First, Middle Initial)						Trans	act	on ID	: 2567	70205		
Α.	Coleman for Senate '08							_	isburs				
	Mailing Address 7300 Hudson Blvd. Suite 270A						0 ^M 4	М	[′]	2 /	Y	ž 0 ŏ 7	7 ^Y
	City	State Zip Code					Amou	nt o	f Each	Disbu	ırseme	nt this I	Period
	St. Paul	MN 55128									-	1500.	00
	Purpose of Disbursement			0	11	7	-	-				1000.	00
	Candidate Name				egory/	-							
	Mr. Norm Coleman			T	уре								
	ŭ - -	rsement For: 2008											
	X Senate President	X Primary General General States Y General Ge	al										
	State: MN District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	act	on ID	2572	29998		
В.	BRIDGE PAC								isburs	-			
	Moiling Address 400 Courts Courts Char	-t OW					0 ^M 4	М	/ D	5 /	Y	ž 0 ŏ 7	7 ^Y
	Mailing Address 499 South Capitol Stre Suite 412						0 +			,		2007	
	City Washington	State Zip Code DC 20003					Amou	nt o	f Each	Disbu	ırseme	nt this I	Period
	Purpose of Disbursement	20000	1-			_						5000.	00
				Q	11.								
	Candidate Name		С		egory/								
			\perp	T	ype								
	Office Sought: House Disbu	rsement For: Primary Genera	al										
	President	Other (specify)	ai										
	State: District:	Canal (openiny)											
_	Full Name (Last, First, Middle Initial)						Trans	act	on ID	: 2573	30019		
C.	Freedom & Democracy Fund								isburs				
	Mailing Address 610 South Boulevard						o ^M 4	М	′ □ c	5 /	Y	žoŏ7	7 ^Y
	City Tampa	State Zip Code FL 33606					Amou	nt o	f Each	Disbu	ırseme	nt this I	Period
	Purpose of Disbursement	12 00000	1-	_	_	_						1000.	00
	. a.pood of 2.obaroomerik			0	11								
	Candidate Name		C		egory/								
	Office Occupity Theory		_ _	T	ype								
	Office Sought: House Disbu	rsement For: Primary Genera	al										
	President	Other (specify)	AI										
	State: District:												
								-				7500	20
s	UBTOTAL of Disbursements This Page (option	al)				<u> </u>			_			7500.	JU
 	OTAL This Period (last page this line number or	ılv)				•							

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBER: ilv one)		PAG	= 19/2	б
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							3
NAME OF COMMITTEE (In Full)	and address of any pointed to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oncit Coritilot	adons HUII	1 30011 001	EE	
American Health Care Association Politica	Action Committee						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 2	5865352		
Friends of Dick Durbin				Disbursem	_	V * V *	V
Mailing Address PO BOX 1949			0 4	23		ž 0 ŏ 7	Y
City Springfield	State Zip Code IL 62704		Amount	of Each D	isburseme	ent this P	eriod
Purpose of Disbursement						5000.0	0
Candidate Name		011 Category/					
Mr. Richard Durbin		Type					
	ment For: 2008						
X Senate X President	Primary General Other (specify) ▼						
State: IL District: 1	Guior (opeony)						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 2	5865355		
Friends of Dick Durbin				Disbursem	_		
Mailing Address PO BOX 1949			0 4	[/] 23		ž 0 ŏ 7	Y
City Springfield	State Zip Code IL 62704		Amount	of Each D	isburseme	ent this P	eriod
Purpose of Disbursement	Г		L.			5000.0	0
Candidate Name		011 Category/					
Mr. Richard Durbin		Type					
Office Sought: House Disburse X Senate	ment For: 2008 Primary X General						
President	Other (specify) ▼						
State: IL District: 1 Full Name (Last, First, Middle Initial)			T	ulas IP O	E00500 1		
Dave Camp for Congress			Date of	tion ID: 2 Disbursem	nent		V
Mailing Address 135 Ashman			0 4	23	′ Ľ.	ž 0 ŏ 7	
City Midland	State Zip Code MI 48640		Amount	of Each D	isburseme	ent this P	eriod
Purpose of Disbursement	Ir	011	L			1000.0	0
Candidate Name Mr. Dave Camp		Category/ Type					
Senate X President	ment For: 2008 Primary General Other (specify)						
State: MI District: 4							
SUBTOTAL of Disbursements This Page (optional))			1	1000.0	0
TOTAL This Period (last page this line number only)							

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check c	NE NUMBE only one)	±R:	L PA	AGE 20 /	26
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							ns
NAME OF COMMITTEE (In Full)	and address of any political co	Januari Ce iO	CONOR CON		om outil (
American Health Care Association Political	Action Committee						
Full Name (Last, First, Middle Initial)				saction ID		35	
Congressman Bart Gordon Committee				of Disburs		v	V
Mailing Address PO Box 2008			0 4		23 /	ŽOŎ	7
	State Zip Code TN 37133		Amou	unt of Each	Disburse	ement this	Period
Purpose of Disbursement	3/133					3500.	00
		011					
Candidate Name Mr. Bart Gordon		Category/ Type					
X	ment For: 2008 Primary General						
President	Other (specify)						
State: TN District: 6	· · · · · · ·						
Full Name (Last, First, Middle Initial)				saction ID		321	
Cong. Bill Young Campaign Cmte			Date	of Disburs		y	Y
Mailing Address 5959 Central Avenue 2407 Rayburn House Ofc	Bldg		0 4		23 /	žoŏ	7
,	State Zip Code FL 33710		Amou	unt of Each	Disburse	ement this	Period
Purpose of Disbursement	00/10		$+$ \mid \mid			1000.	00
		011					
Candidate Name Mr. C.W. Young		Category/ Type					
X	ment For: 2008						
Senate X President	Primary General Other (specify) ▼						
State: FL District: 10	Other (specify)						
Full Name (Last, First, Middle Initial)				saction ID		356	
Mikulski for Senate			Date	of Disburs		v · v · v ·	V
Mailing Address PO Box 13147 SH-709 Hart Senate Ofc			0 ^M 4	M / D	23 /	ŽOĎ	7 '
	State Zip Code MD 21203		Amou	unt of Each	Disburse	ement this	Period
Purpose of Disbursement	VID 21203					1000.	00
		011					
Candidate Name Senator Barbara Mikulski		Category/ Type					
Office Sought: House Disburse							
X Senate President X	Primary General Other (specify) ▼						
State: MD District: 2 2010Pri	\ 1						
ı	-					FF00	00
SUBTOTAL of Disbursements This Page (optional) .		>				5500.	VU
TOTAL This Period (last page this line number only)			. L				

TEMPED DISPURSEMENTS	Use seperate schedule(s)		heck or				_ F/	4GE	21/2	.0	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22	2 [23 28b	24 28c		25 29		26 30b
Any Information copied from such Reports and State										5	
or for commercial purposes, other than using the na	The and address of any political co	ornimii	tee to s	Olicit C	ontribu	Juons Tro	om such	comr	nittee		
NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action Committee										
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	258653	348			
Citizens for David Obey				_	te of I	Disburse		Y Y	Y	Y	
Mailing Address 932 Ross Avenue				0	4	2	23 /	2	0 ŏ 7		
City Wausau	State Zip Code WI 54401			Ar	nount	of Each	Disburse	emen	t this P	erio	k
Purpose of Disbursement				1				1	000.0	00	
		01	1	_							
Candidate Name Mr. David Obey		Cateo Typ									
	sement For: 2008 X Primary General Other (specify)										
State: WI District: 7											
Full Name (Last, First, Middle Initial)				Tra	ansac	tion ID:	258653	39			
National Republican Senatorial Committee	ee					Disburse					
Mailing Address 425 2nd St., N.E.					4 ^M	[′] 2	23 /	ž	0 ŏ 7	Υ	
City Washington	State Zip Code DC 20002			Ar	nount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement		0.1	,	† L				15	0.000	00	
Candidate Name		01 Cateo Typ	gory/								
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)				Tr	2000	tion ID:	250653	0.4.1			
Ron Lewis for Congress				Da		Disburse	258653 ement		V -	V	
Mailing Address 1705 N. Dixie Star PLa 2233 Rayburn House C				C	4 "	2	3 ′	2	0 0 7		
City ?Elizabethtown	State Zip Code KY 42701			Ar	nount	of Each	Disburse	emen	t this P	erio	t
Purpose of Disbursement	Г			1 L				. 2	2500.0	00	
Candidate Name Mr. Ron Lewis		01 Cateo Typ	gory/								
	sement For: 2008 X Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)							18	500.0	0	$\overline{}$
CODITION DISDUISEMENTS THIS Page (Optional)							-			=
TOTAL This Period (last page this line number on	v)		•								

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check		IUMBER one)	:	P	AGE :	22 / 26	j
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21 27	b Ĺ		X 23 28b	24 28c	\vdash	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	and address of any political co	mmillee l	U SUIIC	it COLITIED	uu0115 11(JIII SUUII	COITIIII		
American Health Care Association Politica	I Action Committee								
Full Name (Last, First, Middle Initial)				Transa	ction ID:	258653	337		
Pete Stark Re-Election Committee				Date of	Disburse		v v	V . \	7
Mailing Address PO Box 8331				0 4	່	3 /	2 () Ď 7	
City Fremont	State Zip Code CA 94537			Amount	of Each	Disburse	ement 1	his Pe	eriod
Purpose of Disbursement	01007		_				10	00.00) <u> </u>
<u> </u>		011							
Candidate Name Mr. Pete Stark		Category/ Type							
X III	ement For: 2008 Primary General								
President	Other (specify)								
State: CA District: 13									
Full Name (Last, First, Middle Initial) Friends of John Peterson					ction ID: Disburse	258653	333		
				M M	_	3 /	YYY) ŏ 7 `	7
Mailing Address 1524 West College Aver				0 4	2	3	2 (7 0 7	
City State College,	State Zip Code PA 16801			Amount	of Each	Disburse	ement t	his Pe	eriod
Purpose of Disbursement	I		7				10	00.00) .
Candidate Name		011							
Mr. John Peterson		Category/ Type							
9 1	ement For: 2008								
Senate X President	Primary General Other (specify)								
State: PA District: 5	Cirior (opcomy)								
Full Name (Last, First, Middle Initial)						258653	345		
Collins for Senate				Date of	Disburse		y v	V ° '	7
Mailing Address 202 Harlow Street Room 204				0 4	່	3 /	2 () Ď 7 Ì	
City Bangor	State Zip Code ME 04402-1096			Amount	of Each	Disburse	ement 1	his Pe	eriod
Purpose of Disbursement	T		\exists		-	· · ·	25	00.00)
Candidate Name		011	4						
Ms. Susan Collins		Category/ Type							
· —	ement For: 2008								
X Senate X President	Primary General Other (specify) ▼								
State: ME District:	Caron (opcomy)								
SUBTOTAL of Disbursements This Page (optional)			>				45	00.00)
COSTORE OF PRODUCTION AND A AGO (Optional)			_		•		-	-	
TOTAL This Period (last page this line number only			•						

		Use seperate schedule(s)		check o			١.		PF	NGE	23 / 2	.0	
ſſ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	Á	22 28a	X 23	3 Bb	24 28c	П	25 29	П	26 30b
An	y Information copied from such Reports and Staten	lents may not be sold or used b	y an		n for					ontri		<u>Ш</u> 3	000
or t	for commercial purposes, other than using the nam	e and address of any political co	omm	ittee to s	solici	t contril	oution	s fro	m such o	comr	nittee		
\	NAME OF COMMITTEE (In Full)												
/	American Health Care Association Politica	I Action Committee											
	Full Name (Last, First, Middle Initial)					Transa	ction	ID: 2	258653	51			
۱.	Capito for Congress					Date of	_			/ Y	Y	Υ	
	Mailing Address PO Box 11519					0 4		^D 2	3	2	0 ŏ 7		
	City Charleston	State Zip Code WV 28339				Amour	t of E	ach [Disburse	men	t this F	erio	d
	Purpose of Disbursement	20009								1	000.0	00	
	Tulpose of Disbursement		0	11						_		_	
	Candidate Name Ms. Shelly Moore Capito	-		egory/ ype									
		ement For: 2008	•	,,,,	+								
		Primary General											
	President	Other (specify)											
	State: WV District: 2												
,	Full Name (Last, First, Middle Initial)								258653	49			
э.	Mike Ross for Congress					Date of							
	Mailing Address 411 S. Victory #206					0 4	<u>'</u>	^D 2	3 / [Ž	0 ŏ 7	Y	
	City	Ctata Zin Cada				Λ		ا مام د	3 :-l		b:- C	\! _	
	City Little Rock	State Zip Code AR 72201				Amour	IL OI E	acnı	Disburse	men	t triis F	eno	u
	Purpose of Disbursement	-				L.				_ 1	000.0	00	
			Ò	11									
	Candidate Name Mr. Mike Ross			egory/ ype									
	Office Sought: X House Disburse	ement For: 2008	•	ypc	-								
		Primary General											
	President	Other (specify)											
	State: AR District: 4												
•	Full Name (Last, First, Middle Initial)								258653	50			
<i>,</i> .	Herseth for Congress					Date of				,		V/	
	Mailing Address PO Box 85352					0 4		^D 2	3 /	ž	0 ŏ 7	Y	
	City	State Zip Code			\top	Amour	t of E	ach [Disburse	men	t this F	erio	d
	Sioux Falls	SD 57118					-				000.0		
	Purpose of Disbursement	Г	0	11					-	1	0.000)()	
	Candidate Name	L	_	egory/									
	Ms. Stephanie Herseth			ype									
	Office Sought: X House Disburse	ment For: 2008											
		Primary General											
	State: SD District: 1	Other (specify)											
	State. SD DISTICT. I				\perp								_
s	UBTOTAL of Disbursements This Page (optional)			. •						3	000.0	0	
_	(Special)										-		Ξ
T	OTAL This Period (last page this line number only)												

TEMPER PLOP LIBORATION	Use seperate schedule(s)			nly on	ividen e)	١.			GL	24 / 2	.0	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	🗀 :	21b 27		´ -	X 23 28k	, F	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Statem		y any p	ersor	for th	ne purp	ose of	solic	cating c		butions	5	
or for commercial purposes, other than using the name	and address of any political co	mmitte	e to s	olicit	contrib	outions	from	such c	omn	nittee		
NAME OF COMMITTEE (In Full)												
/ American Health Care Association Politica	Action Committee											
Full Name (Last, First, Middle Initial)				Т	ransa	ction I	D : 2	58653	31			
1. Hobson for Congress					Date of	Disbu		_	Y	Y	Y	
Mailing Address 82 W. Columbia St. 1507 Longworth House C	<u> </u>				0 4	J L	2 3	J L	2	0 ŏ 7		
	State Zip Code OH 45502			1	Amoun	t of Ea	ch D	isburse	ment	this P	erio	t —
Purpose of Disbursement	43302		_	+ [2	500.0	00	٦
Talpose of Bisbardement		011			,	1		-	-			_
Candidate Name Mr. Dave Hobson	C	Catego Type	y/									
	ment For: 2008											
Senate X President	Primary General Other (specify) ▼											
State: OH District: 7	Gardi (opodily)											
Full Name (Last, First, Middle Initial)				Т	ransa	ction I	D: 2	58653	43			
3. Hall For Congress Committee				- 1		Disbu	rsem	ent		ν.	Y	
Mailing Address Post Office Box 711					0 4	J L	2 3	J L	2	0 ŏ 7		
,	State Zip Code TX 75087			1	Amoun	t of Ea	ch D	isburse	ment	this P	erio	t
Purpose of Disbursement		011		I					_ 1	000.0	00	
Candidate Name Mr. Ralph Hall		011 Catego Type	ry/									
	ment For: 2008	. , , , ,										
	Primary General											
President State: TX District: 4	Other (specify)											
Full Name (Last, First, Middle Initial)				-	ranaa	otion !	n . 0	58653	26			
Impact America					Date of	Disbu	rsem	ent			14	
Mailing Address 228 S. Washington St. #	340				0 4 M] / [2 3		ž	0 ŏ 7	Y	
,	State Zip Code VA 22314			1	Amoun	t of Ea	ch D	isburse	ment	this P	erio	Ł
Purpose of Disbursement			_	1					1	000.0	00	
Candidate Name		011 Catego Type	ry/									
Senate President	ment For: Primary General Other (specify)											
State: District:												_
SUBTOTAL of Disbursements This Page (optional)			<u> </u>						4	500.0	0	
TOTAL This Period (last page this line number only)			_							•		\neg

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			IE NUME nly one)	BER:		[P	AGE	25 / 2	6
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	П	25 29	26 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										_
NAME OF COMMITTEE (In Full)	and address of any political co	OHIIII	10 8	SOIICIL COI	iliibu	10115 110	JIII SUCII	COIIII	iiiiee	
American Health Care Association Politica	Action Committee									
Full Name (Last, First, Middle Initial)							258653	325		
Tim Ryan For Congress				Dat	e of D	oisburse / D		v • v	V	V
Mailing Address 80 F St Nw Suite 804 Suite 804				O O	4 "	2	3 /	2	0 ŏ 7	
	State Zip Code DC 20001			Am	ount c	of Each	Disburse	ement	t this P	eriod
Purpose of Disbursement	Г		-					. 1	0.000	0
Candidate Name	l	Orto								
Rep. Timothy Ryan		Ty	gory/ pe							
X X	ment For: 2008 Primary General									
Senate X President	Primary General Other (specify) ▼									
State: OH District: 17										
Full Name (Last, First, Middle Initial) Nalsh for Congress Committee						ion ID:	258733	394		
				М	М		5 / 5	ΥΫ́	0 ŏ 7	Υ
Mailing Address P.O. Box 1974 1330 Longworth House C				0				_		
,	State Zip Code NY 13201			Am	ount o	of Each	Disburse	ement	t this P	eriod
Purpose of Disbursement	Γ							1	0.000	0
Candidate Name	L	Oate	gory/							
Mr. James Walsh		Ту								
9 1	ment For: 2008 Primary General									
President	Other (specify)									
State: NY District: 25										
Full Name (Last, First, Middle Initial) Cummings for Congress				-		ion ID: isburse	258733 ement	392		
Mailing Address PO Box 1631				0	4 ^M	^D 2	5 /	y y 2	0 ŏ 7	Y
,	State Zip Code MD 21203-1631			Am	ount c	of Each	Disburse	ement	t this P	eriod
Purpose of Disbursement			•					2	0.000	0
Candidate Name		Orto								
Mr. Elijah Cummings		Ty	gory/ pe							
-	ment For: 2008 Primary General									
President X	Other (specify)									
State: MD District: 7	·									
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>					40	0.000	0
TOTAL This Period (last page this line number only)			•							

Image# 27990072665

_	<u> </u>						
S	CHEDULE B (FEC Form 3X)	Use sepe	Use seperate schedule(s)		NUMBER: PAGE 26/26		
ITEMIZED DISBURSEMENTS		for each o	for each category of the Detailed Summary Page	(check only	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b		
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee							
\	NAME OF COMMITTEE (In Full)						
	American Health Care Association Polit	ical Action Co	ommittee				
	Full Name (Last, First, Middle Initial)				Transaction ID: 25873390		
۹.	Phil PAC				Date of Disbursement		
	Mailing Address 104 Hume Avenue				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 7 \\ 2 & 0 & 0 & 7 \end{bmatrix}$		
	City	State	Zip Code		Amount of Each Disbursement this Period		
	Alexandria	VA	22301		3000.00		
	Purpose of Disbursement 011			3000.00			
	Candidate Name		,	Category/ Type			
	Office Sought: House Disbu	rsement For:	General				
	President	Other (spe					
	State: District:	out of (ope					

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	•	61500.00